

Standard Unique Health Identifier for Health Care Providers: The National Provider Identifier



Use in HIPAA Standard
Transactions

Standard Unique Health Identifier for Health Care Providers: The National Provider Identifier

Purpose of this slide set:

- To identify the HIPAA transactions that will use the NPI.
- To identify segments within transactions where the NPI is used.
- To help frame and understand NPI usage in the transactions so capability requirements can be identified.

Characteristics of NPI in HIPAA Transactions

- 10 numeric characters
- 10th digit is a check digit
- No intelligence built into the identifier
- To be assigned and managed by the National Plan and Provider Enumeration System (NPPES)

Uses of NPI in HIPAA Transactions

Code set source:

537	Health Care Financing Administration National Provider Identifier SIMPLE DATA ELEMENT/CODE REFERENCES 128/HPI SOURCE National Provider System AVAILABLE FROM Health Care Financing Administration Office of Information Services Security and Standards Group Director, Division of Health Care Information Systems 7500 Security Boulevard Baltimore, MD 21244-1850 ABSTRACT The Health Care Financing Administration is developing the National Provider Identifiers, which is proposed as the standard unique identifier for each health care provider under the Health Insurance Portability and Accountability Act of 1996.
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Uses of NPI in HIPAA Transactions

NPI used in the following transactions:

- 270: Eligibility Request
- 271: Eligibility Response
- 275: Claims Attachment
- 276/277: Claims Status Request and Response
- 277: Claim Request for Additional Information
- 278: Referral/Authorization Request and Response
- 834: Enrollment
- 835: Claim Payment/Advice
- 837: Dental, Institutional, Professional Claims
- NCPDP 5.1: Pharmacy

Uses of NPI in HIPAA Transactions

(270 Eligibility Request)

004010X092 ■ 270 ■ 2100A ■ NM1
INFORMATION SOURCE NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

INFORMATION SOURCE NAME

Loop: 2100A — INFORMATION SOURCE NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this NM1 loop to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source, (e.g., insurance company, HMO, IPA, employer).

Example: NM1*PR*2*ACE INSURANCE COMPANY*****PI*87728~

STANDARD

NM1 Individual or Organizational Name

004010X092 ■ 270 ■ 2100A ■ NM1
INFORMATION SOURCE NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)	X	ID	1/2
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SYNTAX: P0809

Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.

CODE	DEFINITION
24	Employer's Identification Number
46	Electronic Transmitter Identification Number (ETIN)
FI	Federal Taxpayer's Identification Number
NI	National Association of Insurance Commissioners (NAIC) Identification
PI	Payor Identification
XV	Health Care Financing Administration National PlanID <i>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

CODE SOURCE 540: Health Care Financing Administration National PlanID

REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
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INDUSTRY: Information Source Primary Identifier

SYNTAX: P0809

Use this reference number as qualified by the preceding data element (NM108).

Uses of NPI in HIPAA Transactions

(270)

004010X092 • 270 • 2100B • NM1
INFORMATION RECEIVER NAME

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

INFORMATION RECEIVER NAME

Loop: 2100B — INFORMATION RECEIVER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, employer, IPA, or hospital).

Example: NM1*1P*1*JONES*MARCUS***MD*34*111223333-

STANDARD

NM1 Individual or Organizational Name

004010X092 • 270 • 2100B • NM1
INFORMATION RECEIVER NAME

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

REQUIRED NM108 66 Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)
SYNTAX P0809

Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the National Provider ID is mandated for use, use code value "XX". Otherwise one of the other code values may be used. If another code value is used, the following hierarchy must be applied: Use the first code that applies: "SV", "PP", "FI", "34", "24", "PI". The code "SV" is recommended to be used prior to the mandated use of National Provider ID.

CODE	DEFINITION
24	Employer's Identification Number Use this code only when the 270/271 transaction sets are used by an employer inquiring about eligibility and benefits of their employees.
34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare.
FI	Federal Taxpayer's Identification Number
PI	Payor Identification Use this code only when the 270/271 transaction sets are used between two payers.
PP	Pharmacy Processor Number
SV	Service Provider Number Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.
XX	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. See code source 537.

REQUIRED NM109 67 Identification Code X AN 2/80
Code identifying a party or other code
INDUSTRY: Information Receiver Identification Number
SYNTAX P0809
Use this reference number as qualified by the preceding data element (NM108).

Uses of NPI in HIPAA Transactions

(271 Eligibility Response)

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X092 ■ 271 ■ 2100A ■ NM1
INFORMATION SOURCE NAME

IMPLEMENTATION

INFORMATION SOURCE NAME

Loop: 2100A — INFORMATION SOURCE NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source (e.g., insurance company, HMO, IPA, employer).

Example: NM1*PR*2*ACE INSURANCE COMPANY*\$\$\$*PI*87728-

STANDARD

NM1 Individual or Organizational Name

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X092 ■ 271 ■ 2100A ■ NM1
INFORMATION SOURCE NAME

REQUIRED NM108 66 Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.

CODE	DEFINITION
24	Employer's Identification Number
46	Electronic Transmitter Identification Number (ETIN)
FI	Federal Taxpayer's Identification Number
NI	National Association of Insurance Commissioners (NAIC) Identification
PI	Payor Identification
XV	Health Care Financing Administration National PlanID <i>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
	CODE SOURCE 540: Health Care Financing Administration National PlanID
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

REQUIRED NM109 67 Identification Code X AN 2/80
Code identifying a party or other code

INDUSTRY: Information Source Primary Identifier

SYNTAX: P0809

Use this code for the reference number as qualified by the preceding data element (NM108).

Uses of NPI in HIPAA Transactions

(271)

004010X092 ■ 271 ■ 2100B ■ NM1
INFORMATION RECEIVER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

INFORMATION RECEIVER NAME

Loop: 2100B — INFORMATION RECEIVER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, IPA, or hospital).

Example: NM1*1P*1*JONES*MARCUS***MD*34*111223333-

STANDARD

NM1 Individual or Organizational Name

004010X092 ■ 271 ■ 2100B ■ NM1
INFORMATION RECEIVER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

REQUIRED

NM108 66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the information receiver is a provider and the National Provider ID is mandated for use, code value "XX" must be used. Otherwise, one of the following codes may be used with the following hierarchy applied: Use the first code that applies: "SV", "PP", "FI", "34". The code "SV" is recommended to be used prior to the mandated use of the National Provider ID. If the information receiver is a payer and the HCFA National PlanID is mandated for use, code value "XV" must be used, otherwise, use code value "PI". If the information receiver is an employer, use code value "24".

CODE	DEFINITION
24	Employer's Identification Number Use this code only when the 270/271 transaction sets are used by an employer inquiring about eligibility and benefits of their employees.
34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare.
FI	Federal Taxpayer's Identification Number
PI	Payor Identification Use this code only when the information receiver is a payer.
PP	Pharmacy Processor Number
SV	Service Provider Number Use this code for the identification number assigned by the information source.
XV	Health Care Financing Administration National PlanID <i>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</i> CODE SOURCE 540: Health Care Financing Administration National PlanID
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i> See code source 537.

Uses of NPI in HIPAA Transactions

(271)

004010X092 • 271 • 2120C • NM1
SUBSCRIBER BENEFIT RELATED ENTITY NAME

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

SUBSCRIBER BENEFIT RELATED ENTITY NAME

Loop: 2120C — SUBSCRIBER BENEFIT RELATED ENTITY NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify a provider (such as the primary care provider), an individual, another payer, or another information source when applicable to the eligibility response.

Example: NM1*P3*1*JONES*MARCUS***MD*SV*111223333-

STANDARD

NM1 Individual or Organizational Name

SITUATIONAL NM108 66 Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX P0809

If the entity being identified is a provider and the National Provider ID is mandated for use, code value "XX" must be used, otherwise, one of the other codes may be used. If the entity being identified is a payer and the HCFA National PlanID is mandated for use, code value "XV" must be used, otherwise, one of the other codes may be used. If the entity being identified is an individual, the "HIPAA Individual Identifier" must be used once this identifier has been adopted, otherwise, one of the other codes may be used.

Required when available.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare.
46	Electronic Transmitter Identification Number (ETIN)
FA	Facility Identification

PI	Payor Identification	
PP	Pharmacy Processor Number	
SV	Service Provider Number	
XV	Health Care Financing Administration National PlanID <i>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</i> CODE SOURCE 540: Health Care Financing Administration National PlanID	or other This ed use of sioners
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>	
ZZ	Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.	

Uses of NPI in HIPAA Transactions

(271)

004010X092 • 271 • 2120D • NM1
DEPENDENT BENEFIT RELATED ENTITY NAME

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

DEPENDENT BENEFIT RELATED ENTITY NAME

Loop: 2120D — DEPENDENT BENEFIT RELATED ENTITY NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify a provider (such as the primary care provider), an individual, another payer, or another information source when applicable to the eligibility response.

Example: NM1*P3*1*JONES*MARCUS***MD*SV*111223333-

STANDARD

NM1 Individual or Organizational Name

SITUATIONAL NM108 66 Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX P0809

If the entity being identified is a provider and the National Provider ID is mandated for use, code value "XX" must be used, otherwise, one of the other codes may be used. If the entity being identified is a payer and the HCFA National PlanID is mandated for use, code value "XV" must be used, otherwise, one of the other codes may be used. If the entity being identified is an individual, the "HIPAA Individual Identifier" must be used once this identifier has been adopted, otherwise, one of the other codes may be used.

Required when available.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare.
46	Electronic Transmitter Identification Number (ETIN)

PI	Payor Identification
PP	Pharmacy Processor Number
SV	Service Provider Number
XV	Health Care Financing Administration National PlanID <i>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
ZZ	Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

SITUATIONAL NM109 67

Identification Code X AN 2/80
Code identifying a party or other code

Uses of NPI in HIPAA Transactions

(275 Claims Attachment)

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE	004020X107 • 275 • 1000C • NM1 PROVIDER INFORMATION
IMPLEMENTATION	
PROVIDER INFORMATION	
Loop: 1000C — PROVIDER INFORMATION Repeat: 1	
Usage: REQUIRED	
Repeat: 1	
Example: NM1*1P*2*ST JOSEPH HOSPITAL*****SV*159999-	
STANDARD	
NM1 Individual or Organizational Name	

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0009

CODE	DEFINITION
24	Employer's Identification Number Used only when BGN01 equals 02 and code was used in the 837 claim/encounter Loop 2010AA, NM108.
FI	Federal Taxpayer's Identification Number
SV	Service Provider Number Used when BGN01 equals 11. Return provider number given in the 277 Health Care Claim Request for Additional Information.
XX	Health Care Financing Administration National Provider Identifier

Uses of NPI in HIPAA Transactions

(276/277 Claims Status Request and Response)

004010X093 ■ 276 ■ 2100B ■ NM1
INFORMATION RECEIVER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

INFORMATION RECEIVER NAME

Loop: 2100B — INFORMATION RECEIVER NAME Repeat: >1

Usage: REQUIRED

Repeat: 1

Notes: 1. This is the individual or organization requesting to receive the status information.

Example: NM1*41*2*XYZ SERVICE*****46*A22222221-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM102

66

Identification Code Qualifier

X

ID

1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE

DEFINITION

46

Electronic Transmitter Identification Number (ETIN)

FI

Federal Taxpayer's Identification Number

XX

Health Care Financing Administration National Provider Identifier

Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

Uses of NPI in HIPAA Transactions

(276/277)

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE	DEFINITION
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FI	Federal Taxpayer's Identification Number
----	--

SV	Service Provider Number
----	-------------------------

When the provider does not have a National Provider ID and Payer has assigned a specific ID number to this provider this code is required.

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X093 ■ 276 ■ 2100C ■ NM1
PROVIDER NAME

IMPLEMENTATION

PROVIDER NAME

Loop: 2100C — PROVIDER NAME Repeat: >1

Usage: REQUIRED

Repeat: 1

Notes: 1. This is the billing provider from the original submitted claim.

Example: NM1*1P*2*HOME MEDICAL*****SV*987666666-

STANDARD

NM1 Individual or Organizational Name

MAY 2000

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X093 ■ 276 ■ 2100C ■ NM1
PROVIDER NAME

XX

Health Care Financing Administration National
Provider Identifier

Required value if the National Provider ID is
mandated for use. Otherwise, one of the other listed
codes may be used.

Uses of NPI in HIPAA Transactions

(276/277)

004010X093 ■ 277 ■ 2100B ■ NM1
INFORMATION RECEIVER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

INFORMATION RECEIVER NAME

Loop: 2100B — INFORMATION RECEIVER NAME Repeat: >1

Usage: REQUIRED

Repeat: 1

Notes: 1. This is the individual or organization requesting to receive the status information.

Example: NM1*41*2*XYZ SERVICE*****46*A22222221-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier

X

ID

1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE	DEFINITION
46	Electronic Transmitter Identification Number (ETIN)
FI	Federal Taxpayer's Identification Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

Uses of NPI in HIPAA Transactions

(276/277)

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X093 • 277 • 2100C • NM1
PROVIDER NAME

IMPLEMENTATION

PROVIDER NAME

Loop: 2100C — PROVIDER NAME Repeat: >1

Usage: REQUIRED

Repeat: 1

Example: NM1*1P*2*HOME MEDICAL*****SV*987666666-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE	DEFINITION
------	------------

FI	Federal Taxpayer's Identification Number
----	--

SV	Service Provider Number When the provider does not have a National Provider ID and Payer has assigned a specific ID number to this provider this code is required.
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XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
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Uses of NPI in HIPAA Transactions

(277 Claim Request for Additional Information)

004020X104 • 277 • 2100C • NM1
PROVIDER NAME

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

PROVIDER NAME

Loop: 2100C — PROVIDER NAME Repeat: >1

Usage: REQUIRED

Repeat: 1

Example: NM1*1P*2*ST HOLY HILL HOSPITAL*****SV*39999000B-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE

DEFINITION

FI

Federal Taxpayer's Identification Number

SV

Service Provider Number

XX

Health Care Financing Administration National Provider Identifier

Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

Uses of NPI in HIPAA Transactions

(278 Services Request for Review and Response)

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X094 ■ 278 ■ 2010A ■ NM1
UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

IMPLEMENTATION

UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

Loop: 2010A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME
Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this NM1 loop to identify the source of information. In the case of a request transaction, the source of information would normally be the payer or utilization review organization making the decision on the request.

Example: NM1*X3*2*ABC PAYER*****46*123450000~

STANDARD

NM1 Individual or Organizational Name

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X094 ■ 278 ■ 2010A ■ NM1
UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

REQUIRED NM108 66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)
PI	Payor Identification Use until the National PlanID is mandated if the UMO is a payer.
XV	Health Care Financing Administration National PlanID <i>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</i> Use if the UMO is a payer. CODE SOURCE 540: Health Care Financing Administration National PlanID
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i> Use if the UMO is a provider.

Uses of NPI in HIPAA Transactions

(278)

REQUIRED

NM108

66

Identification Code Qualifier

X

ID

1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE

DEFINITION

24

Employer's Identification Number

34

Social Security Number

46

Electronic Transmitter Identification Number (ETIN)

XX

Health Care Financing Administration National Provider Identifier

Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

004010X094 ■ 278 ■ 2010B ■ NM1
REQUESTER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

REQUESTER NAME

Loop: 2010B — REQUESTER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this NM1 loop to identify the receiver of information. In the case of a request transaction, the receiver would normally be the provider who will ultimately be receiving the decision.

Example: NM1*1P*1*GARDENER*JAMES*****24*000012345-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions

(278)

004010X094 • 278 • 2010E • NM1
SERVICE PROVIDER NAME

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

SERVICE PROVIDER NAME

Loop: 2010E — SERVICE PROVIDER NAME Repeat: 3

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this segment to convey the name and identification number of the service provider (person, group, or facility) or to identify the specialty entity.

2. Use the maximum of three occurrences of Loop 2010E in a single Loop 2000E only when it is necessary to identify an individual provider within a specific group and facility when that provider and group provide services at multiple facilities.

3. Do not use multiple occurrences of Loop 2010E within a single Loop 2000E to request certification for admission to a facility and a specialist or services at that facility. In this case, two occurrences of Loop 2000E are required as follows:

The admission request must be expressed in a separate Loop 2000E where the facility is identified in Loop 2010E and Loop 2000F identifies admission review as the request category.

The specialist and services are expressed in a separate Loop 2000E where the specialist or specialty is identified in Loop 2010E and Loop 2000F identifies the services.

Example: NM1*SJ*1*WATSON*SUSAN***34*987654321-

STANDARD

NM1 Individual or Organizational Name

SITUATIONAL

NM108

66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

Required if requesting the services of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

Uses of NPI in HIPAA Transactions

(834 Enrollment)

004010X095 ■ 834 ■ 2310 ■ NM1
PROVIDER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

PROVIDER NAME

Loop: 2310 — PROVIDER INFORMATION

Usage: REQUIRED

Repeat: 1

- Notes:
1. The National Provider ID should be passed in NM109. Until that ID is available the Federal Tax ID should be used.
 2. Use the name fields, NM103 through NM107, only when the sponsor has the name of the provider but is not able to pass a standard ID in NM109. This may occur because the ID is unknown or because local regulations prevent using Social Security Numbers or Federal Tax IDs.
 3. If the entity code, NM102, is 1 for person and the name is being passed, NM103 and NM104 must be used and NM105, NM106 and NM107 may be used. When the name is being passed for a non-person entity only NM103 may be used and NM104 through NM107 must not be sent.

Example: NM1*P3*1*****XX*25341234567*25-

STANDARD

NM1 Individual or Organizational Name

SITUATIONAL NM108 66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

Send when required by X12 syntax.

CODE	DEFINITION
34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.
FI	Federal Taxpayer's Identification Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

Uses of NPI in HIPAA Transactions

(835 Claim Payment/Advice)

004010X091 ■ 835 ■ 1000B ■ N1
PAYEE IDENTIFICATION

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

PAYEE IDENTIFICATION

Loop: 1000B — PAYEE IDENTIFICATION Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this N1 loop to provide the name/address information of the payee. The identifying reference number should be provided in N104.

Example: N1*PE*CYBILS MENTAL HOSPITAL*XX*12345678-

STANDARD

N1 Name

SITUATIONAL	N102	93	Name Free-form name	X	AN	1/60
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INDUSTRY: Payee Name

SYNTAX: R0203

Required when N104 does not contain the National Provider Identifier.

REQUIRED	N103	66	Identification Code Qualifier	X	ID	1/2
-----------------	-------------	-----------	-------------------------------	----------	-----------	------------

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: R0203, P0304

Required when N104 does not contain the National Provider Identifier.

CODE	DEFINITION
------	------------

FI	Federal Taxpayer's Identification Number For individual providers as payees, use this number to represent the Social Security Number.
-----------	--

XX	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
-----------	--

Uses of NPI in HIPAA Transactions

(835)

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X091 • 835 • 2100 • NM1
SERVICE PROVIDER NAME

IMPLEMENTATION

SERVICE PROVIDER NAME

Loop: 2100 — CLAIM PAYMENT INFORMATION

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Use this NM1 segment to provide information about the rendering provider. Any reference number should be provided in NM109. This segment is required when the rendering provider is different from the Payee.
 2. This information is provided to facilitate identification of the claim within a payee's system. Other providers related to the claim but not directly related to the payment are not supported and are not necessary for claim identification.

Example: NM1*82*2*****XX*12345678-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (87)

SYNTAX: P0809

CODE	DEFINITION
------	------------

BD	Blue Cross Provider Number
----	----------------------------

BS	Blue Shield Provider Number
----	-----------------------------

FI	Federal Taxpayer's Identification Number ADVISED For individual providers as payees, use this number to represent the Social Security Number.
----	---

MC	Medicaid Provider Number
----	--------------------------

PC	Provider Commercial Number
----	----------------------------

SL	State License Number
----	----------------------

UP	Unique Physician Identification Number (UPIN)
----	---

XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i> ADVISED
----	--

Uses of NPI in HIPAA Transactions

(837-D Healthcare Claim Dental)

004010X097 ■ 837 ■ 2010AA ■ NM1
BILLING PROVIDER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

BILLING PROVIDER NAME

Loop: 2010AA — BILLING PROVIDER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

- Notes:
1. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use the loop. However, some payers do not accept claims from non-provider billing entities.
 2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example: NM1*85*2*DENTAL ASSOCIATES**34*123456789-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

If "XX" - NPI" is used, then either the Employer's Identification Number, Social Security Number or Federal Tax Identification Number of the Provider must be carried in the REF in this loop.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

Uses of NPI in HIPAA Transactions

(837-D)

REQUIRED

NM108

66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX P0809

If "XX - NPI" is used, then either the Employer's Identification Number, Social Security Number or Federal Tax Identification Number of the Provider must be carried in the REF in this loop.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X097 ■ 837 ■ 2010AB ■ NM1
PAY-TO PROVIDER'S NAME

IMPLEMENTATION

PAY-TO PROVIDER'S NAME

Loop: 2010AB — PAY-TO PROVIDER'S NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. If the billing provider and the pay-to provider are the same entity, then it is not necessary to put in the pay-to-provider loop.
 2. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example: NM1*87*1*JONES*WILLIAM****XX*0987654321-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions

(837-D)

ASC X12N ■ INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE		004010X097 ■ 837 ■ 2310A ■ NM1 REFERRING PROVIDER NAME	SITUATIONAL NM108 66		Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)	X ID 1/2
IMPLEMENTATION			Required if the Employer's Identification Number, Social Security Number or National Provider Identifier is known.			
REFERRING PROVIDER NAME			CODE			DEFINITION
Loop: 2310A — REFERRING PROVIDER NAME Repeat: 2			24			Employer's Identification Number
Usage: SITUATIONAL			34			Social Security Number
Repeat: 1			XX			Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
Notes:						
1. When there is only one referral on the claim, use "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code "DN" in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.						
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.						
3. Required if claim involved a referral.						
Example: NM1*DN*1*SWANSON*HARRY***24*123123123-						
STANDARD						
NM1 Individual or Organizational Name						

Uses of NPI in HIPAA Transactions

(837-D)

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X097 ■ 837 ■ 2310B ■ NM1
RENDERING PROVIDER NAME

IMPLEMENTATION

RENDERING PROVIDER NAME

Loop: 2310B — RENDERING PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
 2. Because the usage of this segment is “situational” this is not a syntactically required loop. If the loop is used, then it is a “required” segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
 3. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops.

Example: NM1*82*1*SMITH*BRAD****34*123456789-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE

DEFINITION

24

Employer's Identification Number

34

Social Security Number

XX

Health Care Financing Administration National Provider Identifier

Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

Uses of NPI in HIPAA Transactions

(837-D)

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X097 ■ 837 ■ 2310C ■ NM1
SERVICE FACILITY LOCATION

IMPLEMENTATION

SERVICE FACILITY LOCATION

Loop: 2310C — SERVICE FACILITY LOCATION Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Required if the service was rendered in Inpatient Hospital, Outpatient Hospital, Skilled Nursing Facility or Adult Living Care Facility (code values 21, 22, 31 or 35 in CLM05-1).
 2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example: NM1*FA*2*GOOD REST NURSING HOME*****24*1234567789-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

Uses of NPI in HIPAA Transactions (837-D)

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number

004010X097A1 • 837 • 2310D • NM1
ASSISTANT SURGEON NAME

New Loop and Segment Added

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

ASSISTANT SURGEON NAME

Loop: 2310D — ASSISTANT SURGEON NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
 2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature and X12 syntax rules.
 3. Required when the Assistant Surgeon information is needed to facilitate reimbursement of the claim.
 4. The Assistant Surgeon information must not be used when the Rendering Provider loop (Loop ID-2310B) is also present for the claim.

Example: NM1*DD*1*SMITH*JOHN*S**34*123456789-

STANDARD

NM1 Individual or Organizational Name

New Page inserted after page 208 dated May 2000 21

ID • NM1
ME

New Segment Added

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
----	---

Uses of NPI in HIPAA Transactions

(837-D)

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE

DEFINITION

24

Employer's Identification Number

34

Social Security Number

The Social Security Number may not be used for Medicare.

XX

Health Care Financing Administration National Provider Identifier

*Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.*ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE004010X097 ■ 837 ■ 2420A ■ NM1
RENDERING PROVIDER NAME

IMPLEMENTATION

RENDERING PROVIDER NAME

Loop: 2420A — RENDERING PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
 2. Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering Provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider than what is given in the 2010AA/AB loop.

Example: NM1*82*1*DICE*LINDA***34*123456789-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions

(837-I Healthcare Claim Institutional)

REQUIRED

NM108

66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

004010X096 ■ 837 ■ 2010AA ■ NM1
BILLING PROVIDER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

BILLING PROVIDER NAME

Loop: 2010AA — BILLING PROVIDER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

- Notes:
1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
 2. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.

Example: NM1*85*2*JONES HOSPITAL*****XX*45609312-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions

(837-I)

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X096 ■ 837 ■ 2010AB ■ NM1
PAY-TO PROVIDER NAME

IMPLEMENTATION

PAY-TO PROVIDER NAME

Loop: 2010AB — PAY-TO PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Required if the Pay-to Provider is a different entity than the Billing Provider.
 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1*87*2*ELLIS HOSPITAL****24*123456789-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier
Code designating the system/method of code structure used for Identification Code (67)

X ID 1/2

SYNTAX: P0809

If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number The social security number may not be used for Medicare.
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

Uses of NPI in HIPAA Transactions (837-I)

REQUIRED

NM108

66

Identification Code Qualifier

X

ID

1/2

Code designating the system/method of code structure used for Identification Code (87)

SYNTAX: P0809

EMC v.6.0 Reference:

Record Type 80 Field No. 4 (The National Registry for Medicare assigns the UPIN to the provider for identification purposes.)

CODE

DEFINITION

24

Employer's Identification Number

34

Social Security Number

XX

Health Care Financing Administration National Provider Identifier

Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X096 ■ 837 ■ 2310A ■ NM1
ATTENDING PHYSICIAN NAME

IMPLEMENTATION

ATTENDING PHYSICIAN NAME

Loop: 2310A — ATTENDING PHYSICIAN NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
 3. Required on all inpatient claims or encounters.
 4. Required to indicate the Primary Physician responsible on a Home Health Agency Plan of Treatment.

Example: NM1*71*1*JONES*JOHN****XX*12345678-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions (837-I)

004010X096 • 837 • 2310B • NM1 OPERATING PHYSICIAN NAME		ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE		REQUIRED NM108 66		Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)		X	ID	1/2
IMPLEMENTATION						SYNTAX: P0809				
						CODE		DEFINITION		
						24		Employer's Identification Number		
						34		Social Security Number		
						XX		Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>		

OPERATING PHYSICIAN NAME	
Loop:	2310B — OPERATING PHYSICIAN NAME Repeat: 1
Usage:	SITUATIONAL
Repeat:	1
Notes:	1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101. 2. This segment is required when any surgical procedure code is listed on this claim. 3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
Example:	NM1*72*1*MEYERS*JANE****XX*12345678-
STANDARD	
NM1 Individual or Organizational Name	

Uses of NPI in HIPAA Transactions (837-I)

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X096 ■ 837 ■ 2310C ■ NM1
OTHER PROVIDER NAME

IMPLEMENTATION

OTHER PROVIDER NAME

Loop: 2310C — OTHER PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
 3. Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here. Required when the Other Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider in the 2010AA/AB loops.
 4. Required on non-outpatient (e.g. inpatient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered service for the principal procedure if other than the operating physician reported in Loop 2310B. Not required on non-outpatient claims or encounters if no principal procedure was performed.

Example: NM1*73*1*DOE*JOHN*A***34*201749586-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (87)

SYNTAX: P0809

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

Uses of NPI in HIPAA Transactions

(837-I)

SITUATIONAL

NM108

66

Identification Code Qualifier
Code designating the system/method of code structure used for Identification Code (67)

X ID 1/2

SYNTAX: P0809

Required if Employer's Identification/Social Security number or National Provider Identifier is known.

A code qualifier is recommended for managed care claims.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

004010X096 ■ 837 ■ 2310D ■ NM1
REFERRING PROVIDER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

REFERRING PROVIDER NAME

Loop: 2310D — REFERRING PROVIDER NAME Repeat: 2

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
 2. When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral/order, use code DN in the first iteration of this loop to indicate the referral/order received by the rendering provider or Service Facility on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral/order from the primary care provider or whatever provider wrote the initial referral/order for this patient's episode of care being billed/reported in this transaction.
 3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
 4. Required if claim or encounter involved a referral/order.

Example: NM1*DN*1*SMITH*JANE*|||*XX*12345678-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions (837-I)

SITUATIONAL

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X096 ■ 837 ■ 2310E ■ NM1
SERVICE FACILITY NAME

IMPLEMENTATION

SERVICE FACILITY NAME

Loop: 2310E — SERVICE FACILITY NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
 3. This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops.

Example: NM1*FA*2*Rehab Facility*****XX*12345678-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions (837-I)

004010X096 ■ 837 ■ 2420A ■ NM1
ATTENDING PHYSICIAN NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

ATTENDING PHYSICIAN NAME

Loop: 2420A — ATTENDING PHYSICIAN NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

2. Required if the Attending Provider NM1 information is different than that carried in the 2310A (claim) loop.

Example: NM1*71*1*JONES*JOHN***SR.*24*123456789-

STANDARD

NM1 Individual or Organizational Name

REQUIRED

NM108

66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE

DEFINITION

24

Employer's Identification Number

463

2420A ■ NM1
ATTENDING PHYSICIAN NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

34

Social Security Number
Social Security Number cannot be used for Medicare claims.

XX

Health Care Financing Administration National Provider Identifier
Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

Uses of NPI in HIPAA Transactions (837-I)

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

CODE	DEFINITION
------	------------

24	Employer's Identification Number
----	----------------------------------

34	Social Security Number Social Security Number cannot be used for Medicare claims.
----	--

XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
----	---

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X096 • 837 • 2420B • NM1
OPERATING PHYSICIAN NAME

IMPLEMENTATION

OPERATING PHYSICIAN NAME

Loop: 2420B — OPERATING PHYSICIAN NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

2. Required if the Operating Physician NM1 information is different than that carried in the 2310B (claim) loop.

Example: NM1*72*1*MEYERS*JANE*I**34*129847263-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions (837-I)

REQUIRED

NM108

66

Identification Code Qualifier
Code designating the system/method of code structure used for Identification Code (67)

X ID 1/2

SYNTAX: P0809

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number Social Security Number cannot be used for Medicare claims.
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

004010X096 • 837 • 2420C • NM1
OTHER PROVIDER NAME

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

OTHER PROVIDER NAME

Loop: 2420C — OTHER PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
 2. Required if the Other Provider NM1 information is different than that carried in the 2310C (claim) loop.
 3. Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.
 4. Required on non-outpatient (e.g. Inpatient, SNF, ICF etc) claims or encounters to indicate the physician who rendered the service for the principal procedure if other than the operating physician reported in Loop ID-2420B.

Example: NM1*73*1*JONES*JOHN***SR.*24*123456789-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions (837-I)

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE	REQUIRED NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	X ID 1/2
IMPLEMENTATION REFERRING PROVIDER NAME Loop: 2420D — REFERRING PROVIDER NAME Repeat: 1 Usage: SITUATIONAL Repeat: 1 Notes: 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature. 2. Required if the Referring Provider NM1 information is different than that carried in the 2310D (claim) loop. Example: NM1*DN*1*JONES*JOHN***SR.*24*123456789-	004010X096 • 837 • 2420D • NM1 REFERRING PROVIDER NAME			
STANDARD	NM1 Individual or Organizational Name			
		COMMITTEE		
		004010X096 • 837 • 2420D • NM1 REFERRING PROVIDER NAME		
		34 Social Security Number Social Security Number cannot be used for Medicare claims.		
		XX Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>		

Uses of NPI in HIPAA Transactions

(837-P Healthcare Claim Professional)

004010X098 • 837 • 2010AA • NM1 BILLING PROVIDER NAME ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE IMPLEMENTATION BILLING PROVIDER NAME Loop: 2010AA —BILLING PROVIDER NAME Repeat: 1 Usage: REQUIRED Repeat: 1 Notes: - Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities. - Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules. Example: NM1*85*2*CRAMMER, DOLE, PALMER, AND JOHNANSE*****24*111223333- STANDARD NM1 Individual or Organizational Name	REQUIRED NM108 66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X ID 1/2 SYNTAX P0809 If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop. <table> <tr> <th>CODE</th><th>DEFINITION</th></tr> <tr> <td>24</td><td>Employer's Identification Number</td></tr> <tr> <td>34</td><td>Social Security Number</td></tr> <tr> <td>XX</td><td>Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i></td></tr> </table>	CODE	DEFINITION	24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
CODE	DEFINITION								
24	Employer's Identification Number								
34	Social Security Number								
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>								

Uses of NPI in HIPAA Transactions

(837-P)

REQUIRED NM108 66

Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X098 ■ 837 ■ 2010AB ■ NM1
PAY-TO PROVIDER NAME

IMPLEMENTATION

PAY-TO PROVIDER NAME

Loop: 2010AB — PAY-TO PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Required if the Pay-to Provider is a different entity than the Billing Provider.
 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example: NM1*87*1*CRAMMER*JOSEPH****XX*09876543-

STANDARD

NM1 Individual or Organizational Name

If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number The social security number may not be used for Medicare.
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

Uses of NPI in HIPAA Transactions

(837-P)

004010X098 • 837 • 2310A • NM1
REFERRING PROVIDER NAME

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

REFERRING PROVIDER NAME

Loop: 2310A — REFERRING PROVIDER NAME Repeat: 2

Usage: SITUATIONAL

Repeat: 1

Notes:

1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

2. When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

4. Required if claim involved a referral.

5. When reporting the provider who ordered services such as diagnostic and lab utilize the 2310A loop at the claim level. For ordered services such as DMERC utilize the 2420E Loop at the line level.

Example: NM1*DN*1*WELBY*MARCUS*W**JR*34*44433222-

SITUATIONAL

NM108

66

Identification Code Qualifier
Code designating the system/method of code structure used for Identification Code (67)
SYNTAX: P0809

Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions

(837-P)

REQUIRED NM108 66 Identification Code Qualifier X ID 1/2
Code designating the system/method of code structure used for Identification Code (67)
SYNTAX: P0809

NSF Reference:

FA0-57.0

FA0-57.0 crosswalk is only used in Medicare COB payer-to-payer claims.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

004010X098 ■ 837 ■ 2310B ■ NM1
RENDERING PROVIDER NAME

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

IMPLEMENTATION

RENDERING PROVIDER NAME

Loop: 2310B — RENDERING PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.
 3. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to-Provider NM1 in the 2010AA/AB loops respectively.
 4. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

Example: NM1*82*1*BEATTY*GARY*C**SR*XX*12345678-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions (837-P)

004010X098 ■ 837 ■ 2310C ■ NM1 PURCHASED SERVICE PROVIDER NAME ASC X12N ■ INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE IMPLEMENTATION PURCHASED SERVICE PROVIDER NAME Loop: 2310C — PURCHASED SERVICE PROVIDER NAME Repeat: 1 Usage: SITUATIONAL Repeat: 1 Notes: - Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101. - Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules. - Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop. Example: NM1*QB*2***F1*111223333- STANDARD NM1 Individual or Organizational Name	SITUATIONAL NM108 66 Identification Code Qualifier X ID 1/2 Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 Required if either Employer's Identification/Social Security Number or National Provider Identifier is known. <table> <thead> <tr> <th>CODE</th><th>DEFINITION</th></tr> </thead> <tbody> <tr> <td>24</td><td>Employer's Identification Number</td></tr> <tr> <td>34</td><td>Social Security Number</td></tr> <tr> <td>XX</td><td>Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i></td></tr> </tbody> </table>	CODE	DEFINITION	24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
CODE	DEFINITION								
24	Employer's Identification Number								
34	Social Security Number								
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>								

Uses of NPI in HIPAA Transactions

(837-P)

	SITUATIONAL NM108	66	Identification Code Qualifier X ID 1/2 Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809								
ASC X12N ■ INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE 004010X098 ■ 837 ■ 2310D ■ NM1 SERVICE FACILITY LOCATION IMPLEMENTATION SERVICE FACILITY LOCATION Loop: 2310D — SERVICE FACILITY LOCATION Repeat: 1 Usage: SITUATIONAL Repeat: 1 Notes: 1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101. 2. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 syntax rules. 3. This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops. 4. Required if the service was rendered in a Health Professional Shortage Area (QB or QU modifier billed) and the place of service is different than the HPSA billing address. 5. The purpose of this loop is to identify specifically where the service was rendered. In cases where it was rendered at the patient’s home, do not use this loop. In that case, the place of service code in CLM05-1 should indicate that the service occurred in the patient’s home. Example: NM1*TL*2*A-OK MOBILE CLINIC*****24*11122333~ STANDARD NM1 Individual or Organizational Name			Required if either Employer’s Identification/Social Security Number or National Provider Identifier is known. <table> <tr> <th>CODE</th><th>DEFINITION</th></tr> <tr> <td>24</td><td>Employer’s Identification Number</td></tr> <tr> <td>34</td><td>Social Security Number</td></tr> <tr> <td>XX</td><td>Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i></td></tr> </table>	CODE	DEFINITION	24	Employer’s Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
CODE	DEFINITION										
24	Employer’s Identification Number										
34	Social Security Number										
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>										

Uses of NPI in HIPAA Transactions (837-P)

004010X098 • 837 • 2310E • NM1 SUPERVISING PROVIDER NAME ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE IMPLEMENTATION SUPERVISING PROVIDER NAME Loop: 2310E — SUPERVISING PROVIDER NAME Repeat: 1 Usage: SITUATIONAL Repeat: 1 Notes: 1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101. 2. Required when the rendering provider is supervised by a physician. 3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules. Example: NM1*DQ*1*KILLIAN*BART*B**II*24*222334444- STANDARD NM1 Individual or Organizational Name	SITUATIONAL NM108 66 Identification Code Qualifier X ID 1/2 Code designating the system/method of code structure used for Identification Code (87) SYNTAX: P0809 Required if either Employer's Identification/Social Security Number or National Provider Identifier is known. <table data-bbox="1193 639 1792 918"> <thead> <tr> <th>CODE</th><th>DEFINITION</th></tr> </thead> <tbody> <tr> <td>24</td><td>Employer's Identification Number</td></tr> <tr> <td>34</td><td>Social Security Number The social security number may not be used for Medicare.</td></tr> <tr> <td>XX</td><td>Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i></td></tr> </tbody> </table>	CODE	DEFINITION	24	Employer's Identification Number	34	Social Security Number The social security number may not be used for Medicare.	XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>
CODE	DEFINITION								
24	Employer's Identification Number								
34	Social Security Number The social security number may not be used for Medicare.								
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>								

Uses of NPI in HIPAA Transactions

(837-P)

REQUIRED

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

NSF Reference:

FA0-57.0

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number Social Security Number cannot be used for Medicare claims.
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

ASC X12N ■ INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X098 ■ 837 ■ 2420A ■ NM1
RENDERING PROVIDER NAME

IMPLEMENTATION

RENDERING PROVIDER NAME

Loop: 2420A — RENDERING PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.
 2. Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider than what is given in the 2010AA/AB loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.
 3. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

Example: NM1*82*1*SMITH*JUNE*L***XX*87654321-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions

(837-P)

SITUATIONAL

NM108

66

Identification Code Qualifier

X ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

ASC X12N • INSURANCE SUBCOMMITTEE
IMPLEMENTATION GUIDE

004010X098 • 837 • 2420B • NM1
PURCHASED SERVICE PROVIDER NAME

IMPLEMENTATION

PURCHASED SERVICE PROVIDER NAME

Loop: 2420B — PURCHASED SERVICE PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

- Notes:
1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.
 2. Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

Example: NM1*QB*2*XYZ HOLTER MONITOR INC*****34*444556666-

STANDARD

NM1 Individual or Organizational Name

Uses of NPI in HIPAA Transactions (837-P)

004010X098 ■ 837 ■ 2420C ■ NM1 SERVICE FACILITY LOCATION		ASC X12N ■ INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE		SITUATIONAL NM108 66 Identification Code Qualifier X ID 1/2 Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809							
IMPLEMENTATION		SERVICE FACILITY LOCATION		Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.							
Loop: 2420C — SERVICE FACILITY LOCATION Repeat: 1 Usage: SITUATIONAL Repeat: 1 Notes: 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules. 2. Required when the location of health care service for this service line is different than that carried in the 2010AA (Billing Provider), 2010AB (Pay-to Provider), or 2310D Service Facility Location loops. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop. Example: NM1*TL*2*A-OK MOBILE CLINIC*****24*11122333-				<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>24</td><td>Employer's Identification Number</td></tr><tr><td>34</td><td>Social Security Number Do not use for Medicare claims.</td></tr></table>		CODE	DEFINITION	24	Employer's Identification Number	34	Social Security Number Do not use for Medicare claims.
CODE	DEFINITION										
24	Employer's Identification Number										
34	Social Security Number Do not use for Medicare claims.										
STANDARD		NM1 Individual or Organizational Name		515							
				20C ■ NM1 CATION							
				ASC X12N ■ INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE							
				<table><tr><td>XX</td><td>Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</td></tr></table>		XX	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.				
XX	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.										

Uses of NPI in HIPAA Transactions

(837-P)

ASC X12N ■ INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE		004010X098 ■ 837 ■ 2420D ■ NM1 SUPERVISING PROVIDER NAME		SITUATIONAL NM108 66		Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809		X ID 1/2	
IMPLEMENTATION		SUPERVISING PROVIDER NAME							
Loop: 2420D — SUPERVISING PROVIDER NAME Repeat: 1									
Usage: SITUATIONAL									
Repeat: 1									
Notes:		1. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 syntax rules.							
		2. Required when rendering provider is supervised by a physician and the supervising physician is different than that listed at the claim level for this service line. All paye-specific identifying numbers belong to the destination payer identified in loop 2010BB.							
Example: NM1*DQ*1*KILLIAN*BART*B**II*24*222334444-									
STANDARD		NM1 Individual or Organizational Name							

Uses of NPI in HIPAA Transactions

(837-P)

ASC X12N ■ INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE		004010X098 ■ 837 ■ 2420E ■ NM1 ORDERING PROVIDER NAME		SITUATIONAL NM108 66		Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)		X ID 1/2	
IMPLEMENTATION		ORDERING PROVIDER NAME				SYNTAX: P0809			
		Loop: 2420E — ORDERING PROVIDER NAME Repeat: 1				Required if either Employer's Identification/Social Security Number (Ordering provider's tax ID) or National Provider Identifier is known.			
		Usage: SITUATIONAL							
		Repeat: 1							
		Notes: 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.							
		2. Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. All payer-specific identifiers belong to the destination payer identified in the 2010BB loop.							
		Example: NM1*DK*1*RICHARDSON*TRENT***34*555667778-							
STANDARD		NM1 Individual or Organizational Name							

Uses of NPI in HIPAA Transactions

(837-P)

ASC X12N ■ INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE		004010X098 ■ 837 ■ 2420F ■ NM1 REFERRING PROVIDER NAME	SITUATIONAL NM108 66	Identification Code Qualifier X ID 1/2 Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809
IMPLEMENTATION				Required if either Employer's Identification/Social Security Number (Referring Provider tax ID) or National Provider Identifier is known.
REFERRING PROVIDER NAME				
Loop: 2420F — REFERRING PROVIDER NAME Repeat: 2				
Usage: SITUATIONAL				
Repeat: 1				
Notes:				
1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.				
2. Required if this service line involves a referral and the referring provider is different than the rendering provider and if the referring provider differs from that reported at the claim level (loop 2310A). All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.				
3. When there is only one referral on the service line use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this service line. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.				
Example: NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222-				
STANDARD				
NM1 Individual or Organizational Name				

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number The social security number may not be used for Medicare.
XX	Health Care Financing Administration National Provider Identifier <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>

Uses of NPI in HIPAA Transactions

(NCPDP Pharmacy Transactions)

5. REQUEST AND RESPONSE SEGMENT QUICK REFERENCE

The following conventions appear in the charts below.

M = Mandatory field

O = Optional field

R = Repeating field

NOTE: Truncation within a Transaction Header Segment is not allowed.

NOTE: Special instructions for submitting repeating fields that are optional can be found in Section 2.4.

5.1. REQUEST SEGMENTS

Transmission Level

Transaction Header Segment

Field	Field Name	Mandatory or Optional
101-A1	BIN NUMBER	M
102-A2	VERSION/RELEASE NUMBER	M
103-A3	TRANSACTION CODE	M
104-A4	PROCESSOR CONTROL NUMBER	M
109-A9	TRANSACTION COUNT	M
202-B2	SERVICE PROVIDER ID QUALIFIER	M
201-B1	SERVICE PROVIDER ID	M
401-D1	DATE OF SERVICE	M
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M

Patient Segment

Uses of NPI in HIPAA Transactions

(NCPDP Pharmacy Transactions)

TELECOMMUNICATION STANDARD IMPLEMENTATION GUIDE 5.1

Insurance Segment

Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
302-C2	CARDHOLDER ID	M
312-CC	CARDHOLDER FIRST NAME	O
313-CD	CARDHOLDER LAST NAME	O
314-CE	HOME PLAN	O
524-FO	PLAN ID	O
309-C9	ELIGIBILITY CLARIFICATION CODE	O
336-8C	FACILITY ID	O
301-C1	GROUP ID	O
303-C3	PERSON CODE	O
306-C6	PATIENT RELATIONSHIP CODE	O

Uses of NPI in HIPAA Transactions

(NCPDP Pharmacy Transactions)

Prescriber Segment		
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
466-EZ	PRESCRIBER ID QUALIFIER	O
→ 411-DB	PRESCRIBER ID	O
467-1E	PRESCRIBER LOCATION CODE	O
427-DR	PRESCRIBER LAST NAME	O
498-PM	PRESCRIBER PHONE NUMBER	O
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	O
→ 421-DL	PRIMARY CARE PROVIDER ID	O
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	O
470-4E	PRIMARY CARE PROVIDER LAST NAME	O
COB/Other Payments Segment		
Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M
338-5C	OTHER PAYER COVERAGE TYPE	M***R***
339-6C	OTHER PAYER ID QUALIFIER	O***R***
→ 340-7C	OTHER PAYER ID	O***R***
443-E8	OTHER PAYER DATE	O***R***
341-HB	OTHER PAYER AMOUNT PAID COUNT	O
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	O***R***
431-DV	OTHER PAYER AMOUNT PAID	O***R***
471-5E	OTHER PAYER REJECT COUNT	O
472-6E	OTHER PAYER REJECT CODE	O***R***

Uses of NPI in HIPAA Transactions

(NCPDP Pharmacy Transactions)

5.2. RESPONSE SEGMENTS

NOTE: Truncation is not allowed in Response Header Segment.

Transmission Level

Response Header Segment

Field	Field Name	Mandatory or Optional
102-A2	VERSION/RELEASE NUMBER	M
103-A3	TRANSACTION CODE	M
109-A9	TRANSACTION COUNT	M
501-F1	HEADER RESPONSE STATUS	M
202-B2	SERVICE PROVIDER ID QUALIFIER	M
201-B1	SERVICE PROVIDER ID	M
401-D1	DATE OF SERVICE	M

Response Message Segment

111-AM	SEGMENT IDENTIFICATION	M
504-F4	MESSAGE	O

Response Insurance Segment

Field	Field Name	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	M
301-C1	GROUP ID	O
524-FO	PLAN ID	O
545-2F	NETWORK REIMBURSEMENT ID	O
568-J7	PAYER ID QUALIFIER	O
569-J8	PAYER ID	O

Uses of NPI in HIPAA Transactions

(NCPDP Pharmacy Transactions)

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
201-B1	Service Provider ID	ID assigned to a pharmacy or provider.	x(15)	C,D,P,R,T	15		<u>Comments:</u> If NCPDP Pharmacy Number or Dispensing Physician ID number assigned by NCPDP, this is the following format: <u>Format:</u> SSNNNNNC SS=State code or if dispensing physician (71-76) NNNN =Number assigned to specific pharmacy within the state C=Check digit with the remaining positions blank. The check digit is calculated as follows: If the pharmacy number is "123456" $1+3+5 = 9 \text{ (sum the 1st, 3rd, \& 5th digits)}$ $+(2+4+6) \times 2 = 24 \text{ (2 times the sum of 2nd, 4th, \& 6th digits)}$ $33 \text{ (the units digit is the check digit)}$ The check digit is "3", giving the full pharmacy number "1234563". Qualified by 'Service Provider ID Qualifier' (202-B2). REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
202-B2	Service Provider ID Qualifier	Code qualifying the 'Service Provider ID' (201-B1).	x(2)	T	2	Blank=Not Specified 01=National Provider Identifier (NPI) 02=Blue Cross 03=Blue Shield 04=Medicare 05=Medicaid 06=UPIN 07=NCPDP Provider ID 08=State License 09=Champus 10=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.